

## Commitment Pledge

This healthcare facility supports the goals of the national Hospitals for a Healthy Environment partnership, and is voluntarily taking steps to eliminate mercury, reduce waste, and minimize toxicity that results from its operations. As a member of VH2E, this facility has committed to the following initial tasks:

**A. Eliminate Mercury**

**Task 1:** Develop a list of Mercury-Containing products used within your facility.

**Task 2:** Develop a Mercury-Free Purchasing Policy

**B. Reduce Waste**

**Task 1:** Collect baseline data on Regulated Medical Waste (RMW) and Solid Waste.

**Task 2:** Develop a RMW reduction program: perform in-service training for new RMW regulations and post VH2E signage.

**C. Reduce Toxicity**

**Task 1:** Establish a committee or 'Green Team' to encourage *Environmentally-Preferable Purchasing*, or EPP.

**Task 2:** Develop and implement at least Three (3) EPP/Toxicity Reduction Projects.

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Printed Name & Title:**\_\_\_\_\_

**Healthcare Facility Name:**\_\_\_\_\_

**Please fill out the organizational information on the back & mail or fax to:**

**Tom Griffin, VA DEQ's Office of Pollution Prevention, 629 East Main Street,  
Richmond, VA 23219. 804-698-4545; FAX 804-698-4533;  
[rtgriffin@deq.state.va.us](mailto:rtgriffin@deq.state.va.us).**

## Organizational Information

It is understood that these tasks are in support of the national H2E effort, and that our facility will be recognized at both the state and national levels. This data will be entered into the national H2E database.

Name of Facility \_\_\_\_\_  
Name of Healthcare System \_\_\_\_\_  
Primary Service \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Main Phone #: \_\_\_\_\_  
Website: \_\_\_\_\_

### Please Describe Your Facility:

# of Beds \_\_\_\_\_ # of Hospitals \_\_\_\_\_  
# of Clinics \_\_\_\_\_ # of Long-Term Care \_\_\_\_\_  
# of Other Facilities in Organization \_\_\_\_\_  
# of Adjusted Patient Days \_\_\_\_\_

(\*Adjusted Patient Days = Total Patient Days x (Total Patient Revenue (Inpatient+Outpatient)/Inpatient Revenue))

Other Information to Describe Your Facility: \_\_\_\_\_  
\_\_\_\_\_

Has your organization pledge to reduce mercury under other efforts?

\_\_\_ Yes \_\_\_ No If yes, please describe: \_\_\_\_\_

Has your organization completed a facility-wide assessment?

\_\_\_ Yes \_\_\_ No If yes, please describe: \_\_\_\_\_

### Contacts

Successful reduction efforts require champions in all areas of operation. Environmental Services, Purchasing/Materials Management, and Nursing are of particular importance to a successful program; and we suggest that your facility establish contacts for these areas. "Contacts" will be kept informed through emails and copies of correspondence from VH2E. In addition, we request that your facility establish one "primary contact" for the facility.

#### Environmental Services Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Contact for Facility? \_\_\_ YES

#### Purchasing Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Contact for Facility? \_\_\_ YES

#### Nursing Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Contact for Facility? \_\_\_ YES